

# ARTICLES OF ORGANIZATION



Corporation Division  
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**E-FILED**  
Dec 04, 2014  
**OREGON SECRETARY OF STATE**

## REGISTRY NUMBER

106673791

## TYPE

DOMESTIC LIMITED LIABILITY COMPANY

## 1. ENTITY NAME

LIVING TRIBE LLC

## 2. MAILING ADDRESS

16977 CHERRY CREST DR  
LAKE OSWEGO OR 97034 USA

## 3. NAME & ADDRESS OF REGISTERED AGENT

AMELIA STANG

16977 CHERRY CREST DR  
LAKE OSWEGO OR 97034 USA

## 4. ORGANIZERS

AMELIA STANG

16977 CHERRY CREST DR  
LAKE OSWEGO OR 97034 USA

## 5. MEMBERS/MANAGERS

### MEMBER

AMELIA STANG

16977 CHERRY CREST DR  
LAKE OSWEGO OR 97034 USA

### MEMBER

CHLOE PURCELL

1226 NORTSHORE RD  
LAKE OSWEGO OR 97034 USA

## 6. DURATION

PERPETUAL

## 7. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members



## 8. OPTIONAL PROVISIONS

The limited liability company is a benefit company subject to ORS 60.750 to 60.770.

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

## ELECTRONIC SIGNATURE

### NAME

AMELIA STANG

### TITLE

MEMBER

### DATE SIGNED

12-04-2014